



**District of Columbia
Hospital Association**

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Robert A. Malson
President

Testimony before the
Congress of the United States
United States House of Representatives
SUBCOMMITTEE ON THE DISTRICT OF COLUMBIA
COMMITTEE ON GOVERNMENT REFORM
on
EMERGENCY PREPAREDNESS IN THE NATION'S CAPITAL
by
Robert A. Malson
President
District of Columbia Hospital Association
November 2, 2001

Children's National Medical Center • District of Columbia General Hospital • George Washington University Hospital • Georgetown University Hospital
Greater Southeast Community Hospital • Hadley Memorial Hospital • Howard University Hospital • National Rehabilitation Hospital • Providence Hospital
Psychiatric Institute of Washington, D.C. • Riverside Hospital • Saint Elizabeths Hospital-Commission on Mental Health Services • Sibley Memorial Hospital
Veterans Affairs Medical Center • Walter Reed Army Medical Center • Washington Hospital Center
Affiliate Hospitals
Malcolm Grow Medical Center, Andrews AFB, MD • National Naval Medical Center, Bethesda, MD

Chairwoman Morella, and committee members, I am Robert A. Malson, President of the District of Columbia Hospital Association (DCHA) and Chairman of the Metropolitan Washington Council of Governments (COG) Bioterrorism Task Force. DCHA represents all full service and most specialty hospitals in the District of Columbia, plus four federal hospitals – The Veterans Affairs Medical Center, Walter Reed Army Medical Center, Malcolm Grow Medical Center at Andrews Air Force Base and the National Naval Medical Center in Bethesda, Maryland.

Your invitation to testify asked how the Federal and local governments coordinate to defend the Nation's Capital and that you would examine the coordination of decisions and actions of Federal and local governments to ensure security.

Since anthrax was discovered in the Hart Senate Office Building, DCHA has initiated and coordinated the National Capital Region's health systems' response by hosting daily conference calls among federal, state and local health officials and hospital representatives to enhance the metropolitan area's communication ability to share "*real time*" status reports on the current anthrax crises. In addition, DCHA and our hospitals have added additional personnel, security, pharmaceutical and other supply expenses for these public health and safety functions.

All of our hospital emergency rooms are inundated with frightened residents who want to be screened for anthrax at the same time as the yearly influenza season is about to begin. We were pleased that the Department of Health began using DC General Hospital to administer testing and treatment in the early stages of the Brentwood Postal Service situation. However, if a more serious biological or chemical attack occurs, our hospitals are not prepared for a surge of inpatients that may require decontamination and/or isolation. While all of our hospitals have reviewed and updated their emergency response plans, the city must also be prepared to enhance the capacity of the DC General facility to accommodate mass casualty patients. It is not easy to reverse the trend of the last ten years that dramatically reduced bed capacity at all District hospitals. It will take Federal government assistance to provide the necessary resources.

Furthermore, we urge the federal government, the Governors of Maryland and Virginia and the Mayor of the District of Columbia to coordinate closely with the hospitals of DC, MD, and VA to provide immediate assistance to all hospitals that have tirelessly fulfilled these public health and safety functions since September 11th. None of the state and local governments or the hospitals of the region anticipated the added burdens we are experiencing. Nonetheless, we are responding to ensure that National Capital area residents have access to the required medical and health services.

Our hospitals believe that there are a number of steps that should be taken immediately:

We need enhanced communication and coordination capacity for all levels of alert. The D. C. Emergency Management Agency's Emergency Operations Center can be upgraded to facilitate the connection between the District's Department of Health officials with the hospital and medical community;

2. Health care professional credentialing during emergencies can be accelerated;
3. Medical liability relief during emergency conditions will enable us to act more quickly and just as safely;
4. Increased pharmaceutical reserves and medical supplies will ensure that our people will have what they might well require;
5. Under any one of a number of predictable scenarios, our hospitals will simply not have adequate security. The Metropolitan Police Department and the DC National Guard should be tasked and funded to address those requirements; and
6. Clear and precise public service announcements must be disseminated to ensure that our citizens have the right information to protect their health and safety and that of their families.

I can assure you, Madam Chair, that the hospitals of the District of Columbia and the nearby suburbs of Maryland and Northern Virginia continue to be committed to enhancing the coordination among the federal, state and local governments and our private and federal hospitals. We cannot continue at this pace without help. We are developing a detailed proposal on the specific types and amounts of resources needed and will share it with the committee in the next two weeks.

Thank you again for this opportunity to provide comments about Emergency Preparedness in the Nation's Capital. This concludes my formal comments. I am happy to answer any questions that Committee may have or provide information the Committee may need.



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Biographical Sketch

Robert A. Malson is the President of the District of Columbia Hospital Association, an organization comprised of eighteen hospitals in and around Washington, D.C. He is an attorney and corporate executive with more than thirty years of experience in law, management, public policy, and strategic planning. In 1999 Mr. Malson was elected chairman of the Metropolitan Washington Council of Governments' (COG) Bioterrorism Executive Steering Committee and in 2001 he was elected Chairman of the COG Bioterrorism Task Force.

Mr. Malson was counsel to the United States Senate Judiciary Committee during the 94th Congress and was Associate Director for Justice of the White House Domestic Policy Staff during the Carter Administration. He headed transition teams in 1976 and 1992 for Presidents Jimmy Carter and Bill Clinton. Mayor Anthony Williams has appointed him to the Mayor's Health Policy Council, the Statewide Health Coordinating Committee, the District of Columbia Emergency Medical Services Advisory Committee, and the Commission on Health Services Reform.

The son of a career soldier, Mr. Malson grew up in Ft. Belvoir, Virginia; Tokyo, Japan; and White Sands Missile Range, New Mexico. He served in the United States Navy as a *Talos* and *Terrier* Guided Missile Radar-Computer Operator-Technician aboard the USS Long Beach during the Vietnam War. He was a participant at the National Security Forum of the Air War College held at Maxwell AFB, AL in May and June 2000. He is the Honorary Commander of the 89th Aerospace Medical Squadron at Andrews Air Force Base, MD.

Mr. Malson has a sustained interest in civic and community affairs. He was a founder and vice chairman of the board of the Washington Regional Heart Transplant Consortium, and is a former chairman of the board of directors of the Children's National Medical Center. He is the chairman of the D.C. Business Coalition and a past member of the board of directors of Leadership Washington, where he served as general counsel. He was recently appointed to the Advisory Council of Fannie Mae's Washington, D.C. Partnership Office and to the DC Lottery and Charitable Games Advisory Council.

Mr. Malson received a Bachelor of Arts in political science and economics, *cum laude*, from Howard University and his Juris Doctor from the Harvard Law School. He is a member of the District of Columbia Bar.

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